DELAWARE AFRO-AMERICAN SPORTS HALL OF FAME, INC Nomination/Information

Na	me		Nickname			
Las	t First M					
7140						
City	State					
Pho	ne (H)/(W)	//	(CELL)_	/	/	
	FAX//	Email				
Birt	h Date/ Birth Place		I	Deceased		
Hig	h School		City		State	
Col	lege		City		State	
ATHLETIC HISTORY						
	Player Yrs. Coach Y	rs. Owner	Yrs.	Other	Yrs.	
A						
C						
AWARDS/HONORS						
Include a brief essay of any additional information you would like the committee to consider. PLEASE						
ENCLOSE FOUR NON-RETURNABLE RECENT ORIGINAL 2-1/2 x 3-1/2PHOTOGRAPHS, (BUSTSHOT, COAT & TIE -NO HEAD GEAR), WITH THIS APPLICATION and mail to						
the committee in your county:						
Sussex: DAASHOF Kent: DAASHOF New Castle: DAASHOF 32149 West Road 26 Meadow Garden P. O. Box 1140				OF		
	nkford, DE 19945 Dover, DE 19904		New Castle, DE 1972	20		
<u>Induction Criteria</u>						
2.3.4.	Have competed a minimum of five years. to Delaware through contributions in sports or have					
5.						

Signature _

Date _